

Application SF-424M

Program Name: Community Services Block Grant

Grantee Name: MAINE

Report Name: Application SF-424M

Report Period: 10/01/2017 to 09/30/2018

Report Status: Submitted

APPLICATION FOR FEDERAL ASSISTANCE SF - 424 - MANDATORY

OMB APPROVED
Control No: 4040-0002
Expires 01/31/2019
Version 01.1

* 1.a. Type of Submission: <input checked="" type="radio"/> Plan <input type="radio"/> Funding Request	* 1.b. Frequency: <input type="radio"/> Annual <input checked="" type="radio"/> Other * Other (Specify) 2 Year	* 1.c. Consolidated Application/Plan/Funding Request? Explanation: 2. Date Received: 3. Applicant Identifier: 4a. Federal Entity Identifier: 4b. Federal Award Identifier:	* 1.d. Version: <input checked="" type="radio"/> Initial <input type="radio"/> Resubmission <input type="radio"/> Revision <input type="radio"/> Update State Use Only: 5. Date Received By State: 6. State Application Identifier:
---	--	---	--

7. APPLICANT INFORMATION

* a. Legal Name: MAINE			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 1016000001E3		* c. Organizational DUNS: 809045594	
* d. Address:			
* Street 1:	DEPT. OF HUMAN SERVICES	Street 2:	STATE HOUSE STATION 11
* City:	AUGUSTA	County:	
* State:	ME	Province:	
* Country:	United States	* Zip / Postal Code:	04333 - 0011

e. Organizational Unit:

Department Name: Department of Health and Human Services	Division Name: Office of Child and Family Services
--	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name: Christa	Middle Name:	* Last Name: Elwell
Suffix:	Title: Finance Manager	Organizational Affiliation:	
* Telephone Number: (207) 624-7921	Fax Number:	* Email: christa.elwell@maine.gov	

* 8a. TYPE OF APPLICANT:


A: State Government

b. Additional Description:

* 9. Name of Federal Agency:

Administration for Children and Families, Office of Community Services

	Catalog of Federal Domestic Assistance Number:	CFDA Title:
10. CFDA Numbers and Titles 1	93.569	Community Service Block Grant

11. Descriptive Title of Applicant's Project Community Service Block Grant			
12. Areas Affected by Funding: State of Maine			
13. CONGRESSIONAL DISTRICTS OF:			
* a. Applicant 1		b. Program/Project: 1,2	
Attach an additional list of Program/Project Congressional Districts if needed.			
14. FUNDING PERIOD:		15. ESTIMATED FUNDING:	
a. Start Date: 10/01/2017	b. End Date: 09/30/2018	* a. Federal (\$): \$0	b. Match (\$): \$0
* 16. IS SUBMISSION SUBJECT TO REVIEW BY STATE UNDER EXECUTIVE ORDER 12372 PROCESS?			
a. This submission was made available to the State under the Executive Order 12372			
Process for Review on :			
b. Program is subject to E.O. 12372 but has not been selected by State for review.			
c. Program is not covered by E.O. 12372.			
* 17. Is The Applicant Delinquent On Any Federal Debt? <input type="radio"/> YES <input checked="" type="radio"/> NO			
Explanation:			
18. By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)			
**I Agree <input checked="" type="checkbox"/>			
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
18a. Typed or Printed Name and Title of Authorized Certifying Official Christa Elwell		18c. Telephone (area code, number and extension)	
		18d. Email Address christa.elwell@maine.gov	
18b. Signature of Authorized Certifying Official 		18e. Date Report Submitted (Month, Day, Year) 08/28/2017	
Attach supporting documents as specified in agency instructions.			